

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559680

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	2		1			
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	1		1			
10	1		1			
11	1		1			
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	↑	←	←	
TOTAL CLAIMS			↑			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←	↑	←	←	
TOTAL CLAIMS			↑			